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Mental Health and Wellbeing Commission - Inaugural Two Year Report 2023-2025

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1 September 2023-
30 June 2025



**Mental Health
and Wellbeing**
Commission

Acknowledgement of Country

The Mental Health and Wellbeing Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land on which we conduct our business. We recognise their continuing connection to land, water and community and that sovereignty was never ceded. We pay our respect to Elders past and present.

Recognition of Lived Experience

We are driven by the voice, expertise and wisdom of people with lived experience of mental ill health and psychological distress and all those who care for them including family, carers, supporters and kin. We honour and respect lived experience in all our work, and we thank you for working in partnership to achieve system transformation.



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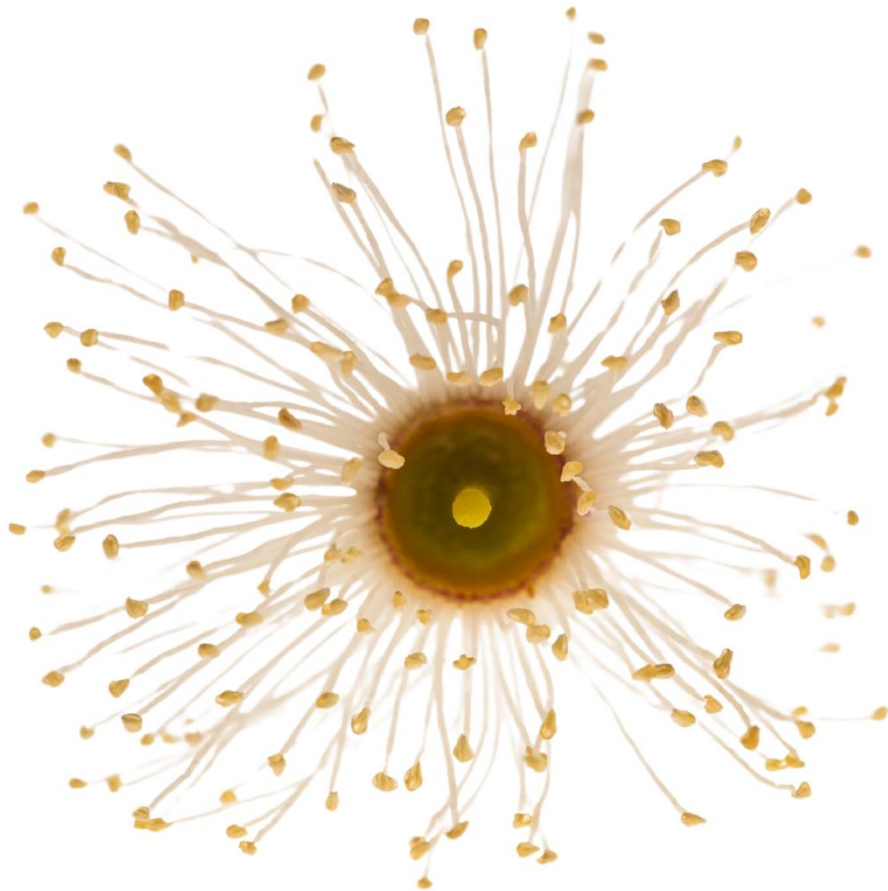
Introduction

The Mental Health and Wellbeing Commission (the Commission) was established on 1 September 2023 as a key recommendation of the Royal Commission into Victoria's public mental health system. Under the Mental Health and Wellbeing Act 2022 (the Act), the Commission is responsible five overarching objectives and 32 functions.

The first two years have focused on establishment - building the systems, structures and capability needed to deliver on the Commission's legislated responsibilities. This work has taken place alongside our core role of safeguarding rights, promoting accountability, and helping the sector understand who we are and what we do.

Throughout this period, Commissioners have undertaken extensive engagement with consumers, carers, families, supporters and kin as well as designated mental health and wellbeing services (services), peak bodies and other government entities. They have listened carefully to what is working, what isn't, and where change is needed most, helping to foster strong relationships across the sector and with government.

The Commission recognises that delivering on the Royal Commission's vision will take at least a decade, and the system is progressing through the initial stages of reform. The Commission has provided an important role in elevating lived experience voices and leadership, including through our designated Lived Experience Commissioners, and in overseeing governance and accountability across the system.



Contextual overview

Delivering in a constrained environment

The Commission was established as a new and independent oversight body during a time of unprecedented reform in Victoria's mental health and wellbeing system.

Operating under a high degree of public and sector expectation, the Commission was required to stand up its core functions while simultaneously delivering a high standard for oversight, engagement, and lived experience leadership.

Since inception, the Commission has navigated several challenges, including:

- A tight fiscal environment and funding uncertainty, creating pressure on future planning and operations.
- Difficulty obtaining the data at the detail required to fulfil our statutory oversight functions.
- The demands of rapid establishment, including setting up systems, governance, and recruiting a skilled workforce under tight timeframes.
- Acting as an independent statutory entity while working alongside government entities on reform efforts.

Despite these challenges, the Commission has delivered on its foundational commitments, contributed meaningfully to system reform, and laid strong foundations for long-term impact.

This progress reflects a strategic focus and a deep commitment to elevating lived experience as central to mental health system transformation and reform - the central tenet of the Royal Commission's outcomes.

We thank and acknowledge:

- The commitment and expertise of our staff
- The generous support of sector partners, particularly peak bodies and the lived experience workforce who have shared valuable insights
- Our inclusion in reform programs led by Safer Care Victoria
- The sound clinical advice provided by the Office of the Chief Psychiatrist (OCP)
- The sharing of information and commitment to continuous improvement from services
- The ongoing working relationship with the Department of Health.

Together, these partnerships and capabilities have enabled us to sustain momentum in a constrained environment and strengthen trust, accountability, and improvement across the system.

Our vision

All Victorians are socially and emotionally well and can live the life they want to live.

Our strategic ambition

We will be a driving force for change, using the Royal Commission's recommendations as the blueprint for a mental health and wellbeing system where people have the right to choose and access safe, high quality mental health and wellbeing services when and where they need them.

Our role in the Victorian public mental health system

The Commission is an independent statutory authority established under the Act. The Act sets out the Commission's objectives, functions and role in overseeing the performance, quality and safety of the mental health and wellbeing system. Our legislated objectives include:



Highlights

September 2023 - 30 June 2024		1 July 2024 – 30 June 2025
Projects delivered	• New website • New promotional material for services	• Webinar for designated mental health services on our approach to compliance • Service visits • Lived Experience Plan launch • Updated website to enhance user experience • New visual branding developed with lived experience engagement and participation
Reports/submissions	• Inaugural exchange of Letters between the Commission and Minister for Mental Health • Strategic Directions • Engagement framework • Local complaints reports	• Monitoring and Reporting Plan • Lived Experience Plan • Local complaints reports • Our approach to complaints handling and compliance monitoring • Exploring issues through inquiries and systemic reviews • Supporting consumers’ rights through improved understanding of complaints about restrictive practices – first insights report. • AHPRA National Prescribing Standards revision - submission
Sector wide newsletters	6 delivered	16 delivered

Establishment timeline

	Date	Milestone
2023	September	Commission starts operation, website goes live
		CEO appointed
	October	<i>Strategic Directions – Year 1 Commitment</i> published
	November	General Manager, Lived Experience appointed
2024	March	All executive leadership team positions filled
	May	Commissioners write to the Victorian Government requesting a briefing on the rationale underpinning the delay in implementing the key recommendations of the Royal Commission into Victoria’s Mental Health System.
	June	<i>Engagement framework</i> published
	July	<i>Exploring issues through enquiries and systemic reviews</i> published
	August	Maggie Toko, Consumer Commissioner takes part in the working group that developed <i>the Heiloo Declaration</i> at the Global Leadership Exchange 2024, in Amsterdam.
		Commissioners receive initial briefing from Department of Health on the 2024/2025 budget for the Mental Health and Wellbeing Commission
		<i>Our approach to complaint handling and compliance monitoring</i> published
	September	Chair Commissioner Treasure Jennings hosts webinars on the Commission’s approach to complaint handling and compliance monitoring

	Date	Milestone
2025	November	<i>Monitoring and Reporting Plan</i> published
		Commissioner service visits begin
		<i>2023-24 Annual Report</i> tabled in parliament and published
	December	Strategic Plan 2025-2028 and Annual Plan (18 months: January 2025-June 2027) prepared*
	January	<i>Supporting consumers' rights through improved understanding of complaints about restrictive practices – first insights report</i> published
	February	<i>Lived Experience Plan</i> launched and published
	May	Commission writes to services to protect consumers' rights to vote in hospital settings
		Website updated to improve user experience
		Commissioners request the Government keep mental health and wellbeing as a continued priority in the 2025/2026 Budget
		Commission submits AHPRA's revised National Prescribing Competencies Framework.

*These two documents have not been made publicly available but were submitted to the Department of Health for the Minister of Mental Health to note in 2025.

What we've delivered

Year 1 Commitments

Year 1 Commitments	Status	Description	Outcome	Next steps
A Lived Experience Plan	✓ Complete	A plan that articulates how the Commission will elevate lived experience leadership and participation.	The Lived Experience Plan was developed through extensive sector engagement, including with the government, the lived experience workforce, services, First Nations organisations, and other community-based organisations working in mental health. The plan was launched by the Minister for Mental Health, Ingrid Stitt, on 27 February 2025, who said: <i>The importance of this plan cannot be overstated... it will help build a Victoria where people with lived experience are valuable leaders and active partners in service and system design and delivery and transformation.</i> “	Development of an implementation plan subject to budget availability and future key priorities of the Commission.
A Monitoring and Reporting Plan	✓ Complete	Describes how the Commission will monitor and report on the mental health and wellbeing system's safety and quality, and the government's implementation of Royal Commission recommendations.	The Monitoring and Reporting Plan, published in November 2024, sets out the Commission's approach and priorities for monitoring. It aligns with the areas where the Commission has requested data and information from the Department of Health to assess system performance, quality and safety, and progress on the Royal Commission's recommendations.	Development of an implementation plan subject to budget availability and future key priorities of the Commission.

Year 1 Commitments	Status	Description	Outcome	Next steps
Stakeholder Engagement Plan	✓ Complete	Supports the Commission's activities, including the development of other plans	Following engagement with peak bodies, sector partners, and others, it was decided to develop a framework rather than a plan. Published in June 2024, the framework outlines the Commission's commitment and approach to engaging with sector partners and communities. The framework outlines the promises and expectations that guide our engagement. It demonstrates our commitment to collaboration and explains how we will work with others.	We will explore opportunities to review the framework over the next year once the Commission's funding is known. Internally, a range of documents has also been developed to support good engagement practice.
An Annual Plan	✓ Complete	Describes the Commission's program of work, including potential inquiries and systemic reviews.	Commissioners approved an annual plan in December 2024. As this was already halfway through the financial year, we created an 18-month plan instead, with a review scheduled for mid-2025 to align with funding decisions.	Review the annual plan actions following the 2025/26 budget announcement, once the Commission's confirmed funding is known.
An Annual Report	✓ Complete	Includes the information required under the <i>Mental Health and Wellbeing Act 2022</i> (Vic) (the Act).	The Commission's inaugural annual report was tabled in parliament on 28 November 2024.	The full document and a summary document are available on our website.



Figure 1.0 Graphic Illustration from the Lived Experience Launch regarding how the plan will contribute to change in the system.

Year 2 and 3 commitments (2025-2027)

Year 2 and 3 commitments	Status	Description	Progress to date*	Next steps*
Supporting services in embedding lived experience	Ongoing	We will work with services to understand best practice and the benefits of embedding lived experience in service leadership and design, as a key initial step in our Lived Experience Plan.	This work has been primarily driven by the development of guidance on the 13 mental health and wellbeing principles outlined in the Act. The guidance has been developed in partnership with service representatives and people with lived experience.	Our lived experience team will continue to meet regularly with services to deliver the guidance and support best practices.
Development of complaints handling standards (standards)	In progress	We will develop complaints-handling standards for service providers as required under the Act. These standards will provide a common benchmark for handling complaints that all mental health and wellbeing service providers need to meet, offering consistency for consumers, families, carers, kin and services.	The first phase of the project involved reviewing the standards published by the Health Complaints Commissioner (HCC), to assess whether they could be fully or partially adopted. The review recommended against adopting the HCC standards in full, as suggested under the Act, due to differences in scope and practice. It identified gaps in current complaint-handling processes that require more tailored approaches for mental health complaints. In response, the second phase of the project began with a broader literature review of the standards used by similar organisations, along with the Australian Standard 10002:2022 – <i>Guidelines for Complaint Management in Organisations</i>. The scope also includes consultation with services, and consumer and carer groups, to design a set of standards that reflect	Services and sector partners will be asked to nominate representatives, including lived experience representatives, to form a virtual consultation network who will guide the development of the standards. The network will be involved at four key points – an initial consultation survey, reviewing initial draft standards, reviewing the final draft, and reviewing implementation resources. The final standards are planned to be delivered in the 25/26 financial year.

Year 2 and 3 commitments	Status	Description	Progress to date*	Next steps*
			the needs of complainants and are aligned with the principles outlined in the Act.	
Reviewing our processes for handling complaints	Ongoing	We will review our processes for handling complaints and investigations to ensure that we continue to provide a high-quality complaint-handling process. This will ensure that we comply with our own complaint handling standards, can manage complaints efficiently, and continue to implement our expanded role under the Act effectively.	Processes and practices were reviewed and adapted to meet the requirements of the Act, effective 1 September 2023. A new 'Ways of Working' framework was introduced to improve efficiency in how the team manages complaints and supports the operationalisation of the compliance approach.	Next steps include a staged review of the Complaints Handling Practice Guidance, ongoing improvements to the early resolutions process, and further process development to support the compliance model.
Reviewing the <i>Outcomes and Performance Framework</i> and <i>the next phase of reform</i>	Completed	We will review the government's Outcomes and Performance Framework (OPF) and the next phase of reform to enhance our ongoing approach to monitoring outcomes, system performance, and the government's implementation of the Royal Commission Recommendations.	Both documents have been reviewed in accordance with our monitoring approach. The OPF includes several key indicators, and the Commission will request relevant measures from the Department to help inform the 2024-25 Annual Report. Depending on the data available, other public data may also be used to complement the reporting.	Next steps include continuing the Commission's work to map reporting in the Next Phase of Reform document against Royal Commission recommendations, as part of our broader approach to monitoring implementation progress.
Deep dive into Safety / Quality	In progress	We will begin a deep dive analysis into safety and quality measures across the mental health and wellbeing system to understand trends and identify key issues, as outlined in our 2023/2024 Annual Report.	The Commission will continue to work with the Department and develop other data sources for this work subject to future budget and priorities.	A decision regarding the continuation of the Deep Dive will be determined once data is provided and funding for this function is confirmed.

Year 2 and 3 commitments	Status	Description	Progress to date*	Next steps*
Systemic Reviews and Inquiries	Ongoing	We will undertake the first annual planning cycle of our approach to systemic reviews and inquiries, as described below.	A range of topics was identified through the first annual cycle, including charging practices for consumers undergoing compulsory treatment, which was recognised for systemic review. Other issues were identified for examination through other means, such as notification and collaboration with other government agencies. Following discussions with the Department of Health, we are pleased to have been informed that the Secretary has written to public designated mental health services, requiring any billing for accommodation while under compulsory treatment to cease immediately.	Now that we have piloted a draft annual planning cycle for one year, we will seek feedback to refine and improve our approach.
Establishing Data Sharing Arrangements	In progress	We will continue to set up data-sharing arrangements with the Department of Health and possibly other agencies to facilitate our reporting and monitoring duties.	The Commission and the Department of Health held a joint planning session in late 2024 to discuss next steps for establishing an information-sharing agreement. In December, the Commission provided a draft schedule outlining the data needed to fulfil its functions. The Department agreed to refine this schedule and prepare a draft agreement for review. In May 2025, a draft agreement was provided to the Commission; however, the revised data schedule did not meet	The Commission has chosen to pause work on the data sharing agreement until there is greater clarity around our future funding and functions.

Year 2 and 3 commitments	Status	Description	Progress to date*	Next steps*
			our requirements and could not be progressed in its current form.	
Mental Health and Wellbeing Principles Guidance	In progress	Per our statutory responsibility, we will continue developing guidance for mental health and wellbeing service providers on embedding the Act's mental health and wellbeing principles in service delivery. This guidance will provide direction for the operationalisation of the principles across mental health services and assist organisations such as Victoria Legal Aid and the Victorian Collaborative Centre to inform training and other supports.	To be a practical and helpful tool, the principles guidance is being informed by both multidisciplinary mental health staff and the lived and living expertise of the consumer and carer workforces. Since the project started, we have established two virtual networks: - A mental health and wellbeing service network that includes consumer and carer workforce leads and clinicians to gain rich insights to inform the guidance content, style and format. - A sector partner network that includes regulatory authorities and peaks. We have also engaged with organisations within our virtual network community including other commissions, peak bodies, First Nation organisations and multicultural peaks.	We are creating guidance for all 13 principles. The guidance will be shared with designated mental health services through planned engagement by the end of this year.
Building on our engagement processes	Ongoing	We commenced work to improve our website, developed a community engagement strategy focused on diverse communities who experience higher rates of mental health challenges and update our	The website was updated to improve user experience.	The development of a Community Engagement Strategy has been paused until there is confirmation of the scope and functions

Year 2 and 3 commitments	Status	Description	Progress to date*	Next steps*
		communications to make the complaints process easier to understand.		of the Commission post January 2026. The Commission continues to promote its complaints function through existing channels.
Measuring performance and our impact, including through engagement	In progress	We will develop a business case to implement a new engagement database that will help us capture, coordinate, and report on the engagements we undertake, as well as draw meaningful insights to inform our work.	A business requirements document has been developed with input from internal stakeholders.	On hold until funding is confirmed.
Continuing establishment of the Commission's key functions and risk management	In progress	Our work on establishing the Commission's key underlying processes will continue as we develop risk frameworks and processes to ensure we apply high standards of professionalism to our work. We will also continue to work with the sector to interpret the Act and help the sector to adjust to new requirements. This includes the Implementation of Standing Directions under the <i>Financial Management Act</i> .	We focused on building strong foundations by developing a skilled workforce, establishing robust governance structures, implementing effective operating systems, and fostering trusted relationships with our partners. We also implemented systems to monitor both financial and non-financial performance and strengthened our internal controls.	Next steps will focus on redefining our workforce in line with budget constraints to ensure we have the right resources, capabilities, and strategic partnerships—across both the mental health sector and the government—to deliver our core functions. This includes strengthening our organisational systems and governance arrangements, as well as continuing to embed lived experience leadership and expertise across our work.

Year 2 and 3 commitments	Status	Description	Progress to date*	Next steps*
				We will also support the Commission to make meaningful progress towards meeting its legislative and reporting obligations.



Elevating lived experience

Launched in February 2025, our Lived Experience Plan (the Plan) has been co-produced with sector leaders, consumers, families, carers, supporters, and kin who have lived and living experience.

The Plan is grounded in the belief that every person receiving mental health care has the right to participate in their recovery actively.

The Plan calls for both government and the sector to embed and infuse every piece of work, every setting and space in the mental health and wellbeing sector, with the experience and expertise of those with lived experience.

Our Lived Experience Plan sets out five goals:

1. People's diverse lived experiences, and the role of the Commission, are understood
2. The Commission has listened to, heard and responded to the stories of people with lived experience
3. Lived experience leadership and pathways across the sector and communities are defined
4. Lived experience is integrated in and across the governance and performance management of the mental health and wellbeing system and services, with shared power and increased accountability
5. Lived experience values are at the heart of the Commission's culture, which is seen as an exemplar organisation for lived experience and inclusion.



Safeguarding rights through complaints handling

How complaints have led to service improvements

What Marni told us

Marni raised concerns about their experiences receiving treatment on an Adolescent Inpatient Unit. With the assistance of an interpreter, they told the Commission they were there under a Temporary Treatment Order (TTO) but didn’t understand their rights and felt well enough to be at home. Marni told us that they are vegan and wanted to be discharged because the service was providing unhealthy vegan meals.

Marni’s rights

The relevant mental health principles include dignity and autonomy principle (s 16), least restrictive principle (s 18), supported decision making principle (s 19), health needs principle (s 22), dignity of risk principle (s 23), wellbeing of young people principle (s 24), diversity principle (s 25), cultural safety principle (s 27).

Human rights: The Charter of Human Rights and Responsibilities sets out 20 rights and freedoms that must be protected and upheld. In Marni’s case, the human rights particularly relevant to mental health and wellbeing services when providing treatment, care, and support include the right to freedom of thought, conscience, cultural rights, and freedom of religion and belief.

What we did

We wrote to the service and attached a summary of Marni’s complaint. With Marni’s consent, we spoke to the service about their concerns. To ensure that Marni’s individual preferences were responded to, we asked Marni about the outcomes they were seeking. We requested that the service address Marni’s concerns directly and provide a written response in their preferred language, along with a copy of the response to the Commission.

Outcomes

In response to Marni, the service identified that although Marni was given a statement of rights along with a copy of their TTO, this was only provided in English and was not explained to Marni in their language. As a result of the complaint, the service ordered and placed translated versions of statements of rights in multiple languages across all their bed-based units.

The service confirmed that they had spoken with Marni, with an interpreter, to explain the reasons for admission and begin discharge planning.

The service acknowledged that Marni advised of difficulty in expressing themselves in treatment discussions without an interpreter present. In response, the service apologised and confirmed they would provide staff training to assist in identifying when an interpreter is necessary, along with the provision of other standard supports. The service also advised that they would consult with a dietitian to plan a wider range of vegan meals in the unit.

Complaints snapshot	Sept 2023/ 2024	2024/2025
All enquiries, complaints and referrals	2,195	2,747
Complaints received (in jurisdiction)	1,339	1,684
Complaints closed	1,305	1,617

Marni advised us that they were happy with the response they received and felt supported through the resolution process. Marni was also glad to hear about the service improvements made.

Recommendations made to the service in addition to the improvements they have made:

Service to provide clear guidance to staff on how to assess the language needs of all consumers throughout their treatment. Service to display resources for all consumers to access information in their language.

Exploring systemic issues

The Act sets out the Commission's objectives and functions, providing us with the authority to explore issues, including those that are systemic. We have achieved this through our work in complaints resolution, investigations and systemic reviews.

As an outcome of our complaints resolution and investigations work, we have:

- Made recommendations to the Department of Health to:
 - Ensure rectification of defects at a mental health and wellbeing unit following several incidents which led to the unit being damaged and unable to admit consumers
 - Assess the processes around commissioning building projects and ensuring mental health units are fit for purpose and safe for use
 - Liaise with the Department of Justice and Community Safety in relation to access to secure mental health units for young persons in custody requiring mental health care
- Consulted with the Chief Psychiatrist in relation to a range of issues, including:
 - Their transfer of care project, with regard to the experiences of young people being transferred to and from custodial settings
 - Environmental issues at a mental health and wellbeing unit which was closed due to incidents resulting in significant damage
 - The documentation requirements for compulsory orders, including the responsibilities of authorised psychiatrists and their delegates
 - The criteria for placing a person on a compulsory order
 - The criteria for charging SECU patients for accommodation and the inconsistency in practice across services
 - Unsafe / premature discharge of consumers where various risks are identified
 - Clinical practice issues when identified through complaints, seeking guidance to services

- Accepted an undertaking from a mental health and wellbeing service to complete an audit of compulsory treatment documentation to determine whether the documentation and information requirements of the Act have been routinely met at the service
- Made a referral to the Chief Quality and Safety Officer within Safer Care Victoria (SCV) in conjunction with the Chief Psychiatrist to raise issues of compliance and reporting of the use of restrictive interventions in Emergency Departments. SCV responded with a with a range of actions we will monitor.
- Published an insight report on the use of restrictive interventions based on data gathered through the Commission's restrictive interventions questionnaires. In this report, we made recommendations to mental health and wellbeing services in relation to:
 - The consistent use of post-restrictive intervention debriefing and experience of care reviews
 - The provision and use of advance statements of preferences for all consumers
 - Fulsome completion of reporting obligations, including reporting to the OCP and Independent Mental Health Advocacy and
 - Continued training for Emergency Departments in how to meet their legislative requirements.

Through our annual planning process for systemic reviews for exploring potential systemic reviews and inquiries, our resolution team identified that consumers in secure extended care units were being billed accommodation fees. We escalated the issue to the Department of Health and the Secretary has now written to services requiring these billing practices to stop.



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